



DIVISION OF ENVIRONMENTAL PROTECTION

CLASS V INJECTION WELL NOTIFICATION FORM

The State of Nevada is required to protect our groundwater resource by regulating discharges below the ground surface via injection wells. Injection wells are dry wells, septic systems and other subsurface drainage systems. Completion of this notification form registers the presence or absence of injection wells at your facility.

| Location of Facility | |
|---------------------------|-----|
| Facility Name | |
| Street Address | |
| City | Zip |
| County | |
| Phone (include area code) | |

| Legal Contact/Authorized Operator/ Property Owner | |
|---|-----------|
| Name & Title | |
| Street Address | |
| Mailing Address | |
| City | State Zip |
| Phone (include area code) | |

OWNER/CORPORATION NAME IF DIFFERENT THAN FACILITY NAME: _____

Type of Business: _____
(Provide brief description of services/products provided/produced/manufactured)

How are domestic sanitary wastes handled?
 Septic System / Leachfield.
 Dry Well Holding Tank
 Other _____ (type of system)

How are industrial wastes handled?
 Septic System / Leachfield.
 Dry Well Holding Tank
 Other _____ (type of system)

Are floor drains present at facility? Yes No
 If **YES**, number and location of each. _____

Where do floor drains terminate? _____

Have floor drains been plugged? Yes No
 If **YES**, approximate date they were plugged. _____

Oil separator / interceptor installed on premises?
 Yes No If **YES**, number, type and capacity of each.

Number and size of septic tanks on premises:

If you have any permits, list permitting entity(ies) and permit number(s): _____

Are any types of liquids, other than domestic wastes, discharged from facility? Yes No
 If **YES**, list liquids and approximate amounts discharged.

The above listed discharged to:
 Septic System / Leachfield.
 Dry Well Holding Tank
 Other _____ (type of system)

Any Stormwater drainage wells present? Yes No
Number of SW wells: _____

Drinking water source:
 Public drinking water system
 Name of provide: _____
 Private water well Depth to groundwater: _____
 Distance from septic system to water well: _____
 Distance from any/all leachfields to water well: _____

Is facility connected to a public sanitary system?
 Yes No If **YES**, name of public sanitary provider:

Is a storage tank present? Yes No
 If **YES**, number & capacity of tank(s): _____

 Above ground Underground

CERTIFICATION (READ & SIGN AFTER COMPLETING ALL SECTIONS)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

| | | |
|---|------------|--------------|
| Name of official title of owner or owner's authorized representative (Print): | Signature: | Date Signed: |
|---|------------|--------------|

Return this form to: Groundwater Protection Branch, 901 South Stewart Street, Suite 4001, Carson City, NV 89701
775 687-9442 or 775 687-9428